

UNITED STATES DISTRICT COURT

MIDDLE

District of

PENNSYLVANIA

ROSEMARY LYNN

SUMMONS IN A CIVIL ACTION

v.

ELITE RECOVERY SERVICES, INC.
AND MR. CURRY

CASE NUMBER: 4:08-CV-2173/Judge Jones

TO: (Name and address of Defendant)

DEFENDANTS (SEE COMPLAINT)

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Jason M. Rapa
Rapa Law Office, P.C.
141 S. 1st Street
Lehighton , PA 18235

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Mary E. D'Andrea

12/3/2008

CLERK

DATE


(By) DEPUTY CLERK

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	December 11, 2008
NAME OF SERVER (PRINT)	TITLE	Opal N. Snyder Paralegal
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: ✕ Other (specify): Certified mail / restricted delivery		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>12/17/08</u>	<u>Opal N. Snyder</u>	<small>Date</small> <small>Signature of Server</small>
<u>141 S. 1st St, Lehighton, PA 18235</u> <small>Address of Server</small>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elite Recovery Services
255 Great Arrow Ave
2nd Flr., Suite 15
Buffalo, NY 14207

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent
 Addressee

B. Received By (Printed Name)

P. Frow

C. Date of Delivery
12/11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7007 1490 0003 2012 3449

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Track & Confirm

Search Results

Label/Receipt Number: **7007 1490 0003 2012 3449**

Status: **Delivered**

Your item was delivered at 11:36 AM on December 11, 2008 in
BUFFALO, NY 14207.

Track & Confirm

Enter Label/Receipt Number.

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Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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No FEAR Act EEO Data

FOIA

Equal Employment
Opportunity Data

Freedom of Information Act